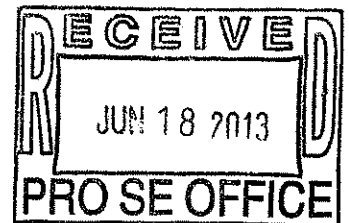


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**13 CV 4290**

(In the space above enter the full name(s) of the plaintiff(s).)

RAY GOLDSTEIN SEVERINO
-against-**COMPLAINT****ASA INSTITUTE OF BUSINESS**
& COMPUTER TECHNOLOGY
at allJury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name **RAY GOLDSTEIN SEVERINO**
 Street Address **3333 BROADWAY AVE, APT. #D26**
 County, City **NEW YORK, NEW YORK**
 State & Zip Code **NEW YORK 10031**
 Telephone Number **(212) 658-0722 & (646) 203-3992**

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name **ASA INSTITUTE OF BUSINESS**
 Street Address **151 LAWRENCE STREET**
BROOKLYN, N.Y. 11201

County, City BROOKLYN, NEW YORK
 State & Zip Code NEW YORK 11201
 Telephone Number (718) 522-9073

Defendant No. 2 Name ALEX Shchegol, president/
 Street Address SAME ABOVE
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 3 Name VICTORIA KOSTYUKOV, Vice pr
 Street Address SAME ABOVE
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 4 Name FAHINA MUKMINOVA, Admiss
 Street Address SAME ABOVE
 County, City _____
 State & Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☒ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

I AM CLAIMING VIOLATION OF
MY FEDERAL CONSTITUTIONAL RIGHT
ON AGE AND RACE DISCRIMINATION
SEE ATTACHED

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship U.S.A.

Defendant(s) state(s) of citizenship RUSSIA

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? BROOKLYN CAMPUS
AND AT THE SCHOOL MANHATTAN CAMPUS

B. What date and approximate time did the events giving rise to your claim(s) occur? ON
MAY 27, 2008, AND JUNE 17, 2011
and JUNE 20-21, 2011.

C. Facts: I REFUSED TO MARRIED
THE GIRLFRIEND OF THE SCHOOL
PRESIDENT SO SHE COULD HAVE
LEGAL PAPERS FROM IMMIGRATION. IN
RETURN I WAS FIRED.
THE SCHOOL OWNER. THE DIRECTOR
OF ADMISSION MS. MUMINOVA
STARTED MISTREATING ME (SEE ATTACH

What
happened
to you?

Who did
what?

Was anyone
else
involved?

Who else
saw what
happened?

MR. DWAYNE CARTER ONE
OF THE SCHOOL MANAGER WAS
RESPONSIBLE ALSO FOR MISTREATING
ME AND FOR STEALING MY STUDEN
WITH THE HELP OF OTHERS WORKER
MR. ROBERT, FROM HUMAN RESOURCE
AND MS. VOLANDE, ONE OF THE
SCHOOL DIRECTORS. (SEE ATTACHED)

IV. Injuries:

N/A
If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I JUST

SUFFERED EMOTIONAL PROBLEM FOR
ITS DISCRIMINATION.

SO PLEASE, I NEED AN
ATTORNEY.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. I WANT TO SUE

FOR US\$100 MILLIONS FOR ITS
VIOLATIONS.

THE BASIS FOR SUCH COMPEN-
SATION IS: I PROVIDED TO THE
SCHOOL THOUSANDS OF STUDENTS.
AND BECAUSE MY EXCELLENT AND
HARD WORKING JOB NOW THE
OWNER IS A VERY RICH PERSON
WITH BILLIONS OF DOLLARS IN
PROPERTY. THIS HAPPENED THANKS
TO MY JOB. THE SCHOOL WAS
EMPTY WHEN I STARTED WORKING.
I PROVIDED THOUSANDS OF STUDENTS.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of JUNE, 2013

Signature of Plaintiff

Mailing Address

[Signature]
3333 BROADWAY #D2G
NEW YORK, N.Y. 10031

Telephone Numbers

(212) 658-0722
(646) 203-3992

Fax-Number (if you have one)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

N/A
I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number _____

6/13/2013

RAY GOLDSTEIN SEVERINO AGAINST ASA INTSTITUTE, FEDERAL COMPLAINT CONT...

I NEED HELP IN THE FILLING OF MY CASE. I AM REQUESTING HELP FROM THIS COURT SO I CAN HAVE LEGAL REPRESENTATION TO BETTER PRESENTING MY CASE AND EVIDENCES AND WITNESSES TO A GRAND JURY. THEY ARE A LOTS OF ISSUES THAT I WANT THE COURT TO INVESTIGATE: HOW THEY VIOLATED MY FEDERAL CIVIL CONSTITUTIONAL RIGHTS. AND HOW THEY ARE TAMPERING AND STEALING AND MISSHANDLING THE FINANCIAL AID OF THE STUDENTS AND HOW THEY ARE CHEATING AGAINST THE U.S. DEPARTMENT OF EDUCATION AND ITS FEDERAL FINANCIAL AIDS PROGRAMS TO THE STUDENTS BY SUBMITTING FALSE DOCUMENTS AND INFORMATION. I WORKED ALMOST 5 YEARS FOR ASA INSTITUTE, AND DURING THAT TIME, I PROVIDED MORE STUDENTS TO THE SCHOOL THAN WHAT THEY HAVE ALL TOGETHER IN THEY SCHOOL HISTORY.

I WAS THE VICTIM OF BULLYING, SEX HARASSMENT, I WAS DENIED SALARY AND PROMOTIONS AFTER I COMPLAINED THAT OTHERS WORKERS WAS RECEIVING CREDITS FOR MY HARD WORKING PROMOTIONAL JOB.

THEY LAYED ME OFF ON JUNE 20, 2011, AFTER I REFUSED TO GET MARRIED WITH ONE OF THE FEW MANY GIRLSFRIEND OF THE SCHOOL OWNER AND PRESIDENT, MR. ALEX SCHEGOL WHO ASKED ME TO MARRIED HIS GIRLSFRIEND SO SHE COULD RECEIVE INMIGRATION PAPERS TO STAY IN THE U.S.(I HAVE A WITNESS)

THEY COPIED AND STOLED MY PROMOTIONAL WORKING PLAN: THIS IS THE ONE I USED TO PROVIDE THOUSANDS OF STUDENTS TO THE SCHOOL, WHERE I WAS WORKING WITH THE POSITION OF **FIELD REP. OR RECRUITER.**

I PROVIDED STUDENTS TO ASA INSTITUTE FROM ALL AROUND THE NEW YORK CITY AREA BY MAKING PERSONAL VISIT INTO ITS BUILDINGS(PRIVATES AND PUBLICS).(I HAVE EVIDENCES)

YOUR HONOR, PLEASE, I NEED AN ATTORNEY TO BETTER PRESENT MY CASE AND HELP ME WITH ANY NECESSARY AMENDMENTS RELATED TO THIS CASE. I WANT TO SUE FOR **100 MILLIONS DOLLARS.**

CORDIALLY,


RAY GOLDSTEIN SEVERINO
PETITIONER

RAY GOLDSTEIN SEVERINO

AGAINST

ASA INSTITUTE OF BUSINESS & COMPUTER TECHNOLOGY

June 18, 2013

Dear Honorable Federal Judge:

I want to inform you that I am suing also for: AGE and RACE discrimination against the school that employed me for almost 5 years. During my last 3 months working at the school, I saw that they started hiring young peoples only. The school owner and president Mr. Alex Shchegol fired me after I refused to married for inmigration papers purposes his "illegal" Russian girlfriends. After I rejected the married plan, the same woman started making false report about me and she started giving the credits for my hard working job to other field reps or recruiters.

When I started working for the school in June 13, 2007, every class room was almost empty. I started working and immediately I provided the school with students from all around the New York City areas and from its NYCHA publics buildings.(attached is the list that I used to perform my job as a recruiter.

I was working without the necessary license just like the others recruiter. I asked for the license and the school president told me that he was well connected with the government inspectors of the Department of Education and that they was no need for license.

I provided to the ASA Institute thousands of students from privates and publics buildings, and from all the Public library of the NYC where I worked for the school. Also I worked in subways stations, community organizations and others businesses, making promotion for the school.

Like I have said, I need an Attorney who can help me to present my case and every issues that may be important and related to my cases: like other violations, etc.

At this present time I am receiving public assistance. In return for receiving public assistance I am working at the NYC Department of Sanitation as a Laborer as part of the Working Experience Program(WEP).

Finally, I would like to thank you in advanced, for taking time in reviewing this matter.



Ray Goldstein Severino, Plaintiff

(Formerly known as Ramon Antonio Severino)

TEAR HERE

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103.35
70.46
173.81

173.8



Earnings Statement

Period Beginning: 06/20/2011
Period Ending: 07/03/2011
Pay Date: 07/08/2011

RAMON SEVERINO
3333 BROADWAY
#D2G
NEW YORK, NY 10031

CO. FILE DEPT. CLOCK NUMBER 030
6RZ 003752 002700 585
0064012645 1

ASA INSTITUTE OF BUSINESS & COMPUTER TECHNOLOGY
151 LAWRENCE ST
BROOKLYN, NY 11201
PH NUMBER 718-522-9073

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 2
NY: 2
New York Cit: 2

Earnings		
Regular	13.0000	7.95
Gross Pay	\$103.35	

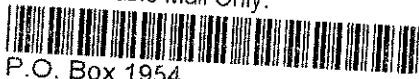
year to date	this period
7,478.12	103.35
7,478.12	\$103.35

Deductions	
Statutory	-4.34
Social Security Tax	-1.50
Medicare Tax	-0.52
NY SUI/SDI Tax	-111.17
Federal Income Tax	129.58
NY State Income Tax	87.33
New York Cit Income Tax	450.06
Other	548.76
Wagagr	-34.62
Fdixly	
Net Pay	\$62.37

Your federal taxable wages this period are \$103.35

my last payment

Undeliverable Mail Only:



P.O. Box 1954
Southgate, MI 48195-0954

Allied Interstate

Toll Free: (800) 715-0395 Fax: 866-499-2462

CCD/P60334796/ED336

002612347027 0000034/0001



Ramon A Severino
3333 Broadway Apt D2G
New York, NY 10031-8746

Client: U.S. DEPARTMENT OF EDUCATION
Account #: 2312425
Packet Number: P60334796
Total Due: \$77494.02
Check Amount: \$5.00
Intended Deposit Date: 03-15-2013

Re: Notice of check/draft deposit

Date:

March 05, 2013

Dear Ramon A Severino:

*new balance \$78,837.50
06/18/13

This is to notify you that pursuant to your authorization on 03-04-2013, Allied Interstate LLC will process your credit/debit card payment in the amount of \$5.00 on 03-15-2013. If you have any questions/concerns, please contact Allied Interstate LLC at (800) 715-0395 between the hours of 8 AM and 11 PM EST Monday thru Friday.

We want to thank you for working with us in an effort to help you resolve your indebtedness to our client.

We are a debt collector attempting to collect a debt and any information obtained will be used for that purpose.

Nicole Cummins
(800) 715-0395
Allied Interstate LLC
Government Services Division

Correspondence Address:
Allied Interstate LLC
P.O. Box 26190
Minneapolis, MN 55426

Notice: SEE REVERSE SIDE FOR OTHER IMPORTANT INFORMATION

211 Mc Whorter Drive
Athens, Georgia 30606
July 26, 2005

Dear Mayor Bloomberg;

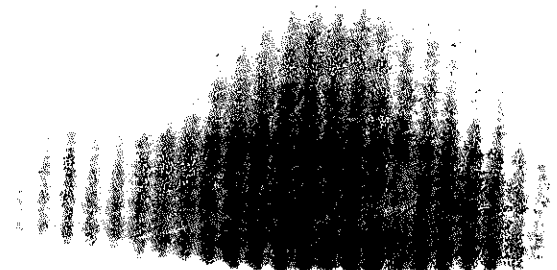
As a visitor to New York, I want to tell you about the wonderful citizens of your city and of three remarkable police officers in the 26th Precinct. After a week in an inspiring workshop for teachers at Columbia, I took my luggage in a cab to the last day's session. After the cab left and I entered the building, I realized that I did not have my purse with \$300, two credit cards, my driver's license and my cell phone in it. The people leading the workshop, native New Yorkers, assured me that it would be returned, but of course I did not believe them! They helped me report the loss to the taxi service and the police.

I felt so helpless using a borrowed cell phone and not knowing how to get identification papers in time to be on my 2PM flight from LaGuardia to Atlanta. About one hour after I reported the loss, the borrowed cell phone rang --- it was my daughter in Georgia. My eight year old granddaughter had answered the phone, saw a caller ID from New York City and said, "Hi, Nana!". The voice said, "I am not your Nana, but we are looking for her!" They gave her the cell phone number and she called, telling me to call the police station. When I dialed the number an exuberant voice said, "Caroline, at last we have found you!" It was Officer Fuoco from the 26th precinct who asked me to take a taxi to the precinct. Upon my arrival, my colleague and I were waved to the back by two female officers and a male who were as excited to see me as I was to see my belongings! Every penny and piece of paper in my bag was on the counter. They had already tried to stop my credit cards and trace numbers on my cell phone to find me (hence the call to my daughter). I floated out of the station saying, "I love New York!" as excited by the friendliness and work of the police as by having my belongings back.

You should also know that a young man, Ramon Severino, who was giving out flyers at the subway entrance at 110th and Broadway, found my pocketbook intact and turned it in. I traced him through a flyer I found and he refused a reward saying that he was concerned that I was without money, cell phone or identification and that he had simply done what was the right thing to do!

Oh, my! You are so lucky to live with such people in New York! You may rest assured that I have told this story to at least twenty people since my return, and I intend to continue spreading the word.

Caroline Ridlehuber
211 McWhorter Drive
Athens, Georgia



From : ashchegol@asa.edu [+] **Date :** Wed, 6 Aug 2008 11:52:22 +0000
To : "Anna Boukhman" <aboukhman@asa.edu> [+], "Faina Mukminova" <fmukminova@asa.edu> [+], "Jonathan Oliva" <joliva@asa.edu> [+], "Duwayne Carthan" <dcarthan@asa.edu> [+], "Viktoria Kostyukov" <vkostyukov@asa.edu> [+], "Natalya Tymkiv" <ntymkiv@asa.edu> [+], "Alice Perez" <aperez@asa.edu> [+]
Subject : [Spam] Re: tracking interviewed by Bronx Satellite Office

Start to use it right away - we need to measure productivity of Satellite Office ASAP.
In addition, same procedure should be installed at Flatbush satellite Office. Talk to Duwane to designate proper people.
Targets for field reps at satellite Admission Offices should be a little high than at main locations. They should be min 3 interview given (iG) per hour. 7 high school leads could replace 1 IG.
At main locations targets should be min 2 IG per hour and the same 7 high school leads per hour can replace 1 IG.
Field reps productivity should be measured twice a day - at 1p.m. And 5p.m. In case, if performance is not satisfactory, field rep should go home. 3 "go homes" should result in dismissal of an employee.

Sent from my Verizon Wireless BlackBerry

From: "Anna Boukhman" <aboukhman@asa.edu>
Date: Tue, 5 Aug 2008 17:25:58 -0400
To: <fmukminova@asa.edu>; 'Jonathan Oliva' <joliva@asa.edu>
CC: <ashchegol@asa.edu>
Subject: tracking interviewed by Bronx Satellite Office

My dear colleagues:

In order for us to be able to track all the interviews conducted in the Bronx satellite office, the following procedure was set up:

The new activity was set up in the CampusVue: AM - Interview by Satellite Office.
Christian Cano and Elena Markov were both added to the list CampusVue Staff members as Satellite Office Coordinators.

The procedure (if accepted) will be working as following:

1. The Satellite Office employee submits to the Manhattan location a separate form for every applicant they see. It is recommended that the indication is made on the form specifying which coordinator (Christian or Elena) conducted the interview. At the same time, the form should indicate the source for the lead, i.e. the Field-Worker who brought the person into the office.
2. The Manhattan Data-Entry specialist enters the leads to the CampusVue specifying:
 - Jonathan Oliva as an Admission Rep,
 - the indicated Field-Worker as a Lead Source.
 - As long as the lead was interviewed in the Bronx office, the Interview Activity should be added for the student. (Till now, your data-entry ladies have been entering the 'Initial Interview' activity assigned to Jonathan Oliva adding the comment of the interview being conducted in the Bronx office.) The new settings allow data-entry to setup the activity 'Interview by Satellite Office', and assign this activity to Elena or Christian. In this case: (1) no additional comments are needed, (2) the activity reports can be run for Satellite Interviews.

Following the information I received from Faina, I found 28 student records who have had the activity comment regarding Bronx Office. I modified all these 28 records changing the activity itself from 'Initial Interview' to 'Interview by Satellite Office' and assigning them to Christian Cano. Jonathan Oliva still appears as an admission rep for these people.

ASA Institute 401(k) Plan

Prepared for SEVERINO, RAMON using Social Security Number 085-66-4073

<u>BEGINNING BALANCE</u>	<u>CONT / FORF ALLOCATION</u>	<u>FORFEITURE CHARGED</u>	<u>BENEFIT PAYMENT</u>	<u>INVESTMENT INCOME</u>	<u>SPECIAL ADJUSTMENT</u>	<u>ENDING BALANCE</u>	<u>%</u>	<u>VESTED BALANCE</u>
Employee Salary Deferrals								
0.00	0.00	0.00	0.00	0.00	0.00	0.00	100%	0.00
Employer Matching								
0.00	0.00	0.00	0.00	0.00	0.00	0.00	100%	0.00
Employee Rollover								
0.00	0.00	0.00	0.00	0.00	0.00	0.00	100%	0.00
TOTAL ACCOUNT BALANCE								
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 0.00



Estimated Sum at Retirement
\$ 0.00



Please note that the "Estimated Sum at Retirement" is a conservative projection of your account, forward to the date on which you are expected to retire. Our Plan is **not** the form of plan that promises you a specific value on your retirement date. At that time, you will receive the actual value of your account. This projection is provided simply to allow you a reasonable estimate of what that value could be. **No future value is promised.**

This Statement of Your Benefit Account under our Plan is provided to you as a Participant to overview your benefit under the Plan for the period specified. This statement reflects your benefit account given a comprehensive audit of the Plan and Trust by an independent "TPA". It does, in fact, represent the value of your account; including all adjustments needed, such as additional contributions that may be owed to the plan on the last day of this period. When reviewing this statement, keep in mind that it provides a "snapshot" of your account on December 31, 2011. Transactions occurring after this date will NOT be reflected on this statement. However, as stated above, it does reflect adjustments that must be applied to your account as determined by the audit of the Plan. Questions may be submitted in writing to the office of Robert Faynblut.

January 1, 2011 TO December 31, 2011
RECONCILED PLAN BENEFIT STATEMENT



THE COLLEGE FOR EXCELLENCE

2011 Benefits Confirmation Statement

Name: Ramon Severino
Address: 3333 Broadway, #d2g
 New York, NY 10031

December 1, 2010

This statement confirms your recent benefit enrollment elections. Please keep a copy of this statement for your records and use it to verify entries on your paycheck stub. These benefit elections will remain in effect until 11/30/2011. If an error has been made in recording your dependent information, please contact the ASA Institute Benefits Service Center at 866-247-1455 no later than 10 days from the date of this statement. If you have no changes, please retain this for your records.

Benefit	Plan Name	Election	Effective Date	Cost Per Deduction
PsychCare EAP	PsychCare EAP	Enrolled	08/01/2010	\$0.00
Dollar Amount Spent Per Deduction				\$0.00



INCIDENT INFORMATION SLIP
PD 301-164 (Rev. 1-97)

Welcome to 84 1st 301 Gold St. Bklyn, N.Y. 11201 Date: 05/27/11
(Command) (Address) (Telephone No.)

We hope that your business with us was handled satisfactorily. Your particular matter has been assigned the following number

Complaint Report No.: 2907 ~~Accident Report No.:~~ ~~Aided Report No.:~~

Reported to: S.D. Pugliese Date of Occurrence: 5/27/08 Time: 0930
(Rank) (Name) (Shield No.)

Location of Occurrence: 81 Mullanbush St

Crime: Harassment

Please keep this report should you have to refer to this matter in the future. If you need any further assistance feel free to contact us at telephone number 718-875-6231. Please let us know if you have any suggestions on how we can better serve you. As you may already know, we will provide you with a crime prevention survey of your residence or business. Please ask for more information on this and other crime prevention initiatives. Our goal is to make you and your property safe.

COURTESY — PROFESSIONALISM — RESPECT

REMEMBER: CALL "911" FOR EMERGENCIES ONLY!!!!

Safe, accurate, FAST! Use **IRS e-file** Visit the IRS Web Site at www.irs.gov/efile

Employee Reference Copy
W-2 Wage and Tax Statement 2011
OMB No. 1545-0008

Copy C for employee's records

d Control number 003752 ATLA/6RZ Dept. 002700 Corp. T Employer use only 1557

c Employer's name, address, and ZIP code
ASA INSTITUTE OF BUSINESS
81 WILLOUGHBY STREET
BROOKLYN NY 11201-5291
Eatch #02207

e/f Employee's name, address, and ZIP code
RAMON SEVERINO
3333 BROADWAY
#D2G
NEW YORK, NY 10031

1 Employer's FED ID number 11-3232206 2 Employee's SSA number 085-66-4073

3 Wages, tips, other comp. 7478.12 4 Federal income tax withheld 111.17

5 Social security wages 7478.12 6 Social security tax withheld 314.08

7 Medicare wages and tips 7478.12 8 Medicare tax withheld 108.43

9 Social security tips 10 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12

Other 12b 12c 12d

13 Stat emp, tier, plan 3rd party sick pay

14 9.2 SDI

15 State Employer's state ID no. 11-3232206 16 State wages, tips, etc. 7478.12

17 State income tax 129.58 18 Local wages, tips, etc. 7478.12

19 Local income tax 87.33 20 Locality name NYC RES

2011 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2011 pay stub plus any adjustments submitted by your employer.

Gross Pay	7478.12	Social Security Tax Withheld Box 4 of W-2	314.08	NY, State Income Tax Box 17 of W-2	129.58
Fed. Income Tax Withheld Box 2 of W-2	111.17	Medicare Tax Withheld Box 6 of W-2	108.43	Local Income Tax Box 19 of W-2	87.33
				SUI/SDI Box 14 of W-2	14.92

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY, State Wages, Tips, Etc. Box 16 of W-2	NYC RES Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	7,478.12	7,478.12	7,478.12	7,478.12	7,478.12
Reported W-2 Wages	7,478.12	7,478.12	7,478.12	7,478.12	7,478.12

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

RAMON SEVERINO
3333 BROADWAY
#D2G
NEW YORK, NY 10031

Social Security Number: 085-66-4073

Taxable Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 2

STATE: 2

LOCAL: 2



Do Not Detach — Submit In Duplicate

Complainant/Victims will be sent verification free of charge, other applicants must send a non-refundable processing fee of \$15.00 (Check or Money Order — **NO CASH**) payable to the NYC Police Department with each application. All applicants must enclose a stamped self-addressed envelope. Please mail requests to: New York City Police Department, Criminal Records Section (Verification Unit), 1 Police Plaza, Room 300, New York, NY 10038.

Complaint Number 2907	Precinct of Report 84 PCT	FOR USE BY CRIMINAL RECORDS SECTION	
Mail Record To: RAMON A. SEVERINO (Print or Type) 3333 BROADWAY # D-2-G NEW YORK, N.Y. 10031		Applicant's File No.	
1. Exact location where crime / loss took place 81 Wiloughby St., Brooklyn, N.Y.		Precinct of Occurrence 84 PCT	
2. Date reported to Police 05/27/08	Time (if known) 11:00 A.M. 8:0930	This report concerns: <input checked="" type="checkbox"/> Crime <input type="checkbox"/> Lost Property	<input checked="" type="checkbox"/> Other (describe) HATED SEX CRIME
3. Full name and address of complainant/victim as reported to Police Department RAMON A. SEVERINO / N.Y. N.Y. 10033 BROADWAY #D			
Date and Time of Crime / Loss of Property (if different than date of report) 05-27-08	DATE 05-27-08	TIME 11:00 A.M.	Name of officer who received your report, if known PAA MS Pugliese
Any additional information which may aid in searching for your record I CALL 911 SEVERAL TIME AT 11:00 AM 11:35 AM			

* INSTRUCTIONS: In order to find this record you MUST furnish all information requested above, particularly the complaint number and precinct of record (Occurrence). Verification of your request cannot be made without this information. The complaint number may be obtained by calling the precinct or detective squad concerned during the hours of 9 a.m. to 5 p.m. Do Not Detach — Submit In Duplicate.

Applicant's Signature 	Date 05-27-08	Name and address of insurance company N/A	Date
---------------------------	-------------------------	---	------

FOR POLICE DEPARTMENT USE ONLY

FOLLOWING IS A VERIFICATION OF THE ABOVE REQUEST

MOTOR VEHICLES

CURRENCY

JEWELRY

FURS — CLOTHING

FIREARMS

OFFICE EQUIPMENT

T.V., RADIOS, CAMERAS, ETC.

HOUSEHOLD GOODS

CONSUMABLE GOODS

MISCELLANEOUS

BRIEFLY DESCRIBE MANNER OF CRIME / LOSS OF PROPERTY

Harassment — college
Complainant (employee of the college) states that subject (school administrator) has been harassing complainant by stating, "You open the mouth, I will you let me beat you, you like to complain."

Alarm No.	Report verified by (print title, name/sign) PAA Janner	Date 6.4.08
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